



- From ACE Accounts.
- From MAHEC Accounts

Mail Payment Request to:  
 P.O. Box 7884  
 St. Paul, MN 55107-0884

- Send payment to vendor.
- Send payment to individual.

Date: \_\_\_\_\_

Payee: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

For \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Payment Authorized By: \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_



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